

For your



Commonwealth of Massachusetts
Group Insurance Commission

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BENEFIT

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Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs

Inside This Issue of FYB:

- PSA Screenings Are Not Always
Appropriate
.....page three
- Health Fair Survey
.....page four
- Tips for Older Drivers
.....page five
- Four New Commissioners Share Their
Thoughts on The Commission and The
Municipal Partnership Act
.....page six

Over 6,500 people
attended this year's
GIC health fairs.
See inside for
photos. We
welcome your
feedback on the
fairs – see survey
on page 4.

Three-Tiered Office Visit Co-Pays Become Effective July 1, 2008

Most of the GIC's health plans will migrate to a three-tier office visit co-pay structure effective July 1, 2008. Some GIC health plans tier (rank) Primary Care Physicians (PCPs) and most plans tier specialists based on nationally-recognized quality and cost efficiency standards:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Members pay a lower office visit co-pay when they visit higher-ranked Tier 1 or Tier 2 physicians. Physicians in specialties that are not rated, those for whom there are not enough data, and out-of-state providers are assigned the Tier 2 co-pay. ***These changes do not apply to any of the GIC's Medicare Plans or Fallon's Direct Care option.***

Before you visit the doctor, contact your health plan by phone or visit the plan's website to find out whether your physician is ranked and, if so, what co-pay the physician's office should charge. You may also contact your health plan for a provider directory that lists the physician tiers. The most up-to-date information is always available by phone or on the health plan's website.



GIC Continues to Lead the Way to Improve Health Care Transparency and Address Physician Quality and Cost Differences

The Clinical Performance Improvement (CPI) Initiative continues to receive national recognition and endorsements. Begun over five years ago, the program seeks to provide information to GIC enrollees about physician quality and cost-efficiency. Program members who are treated by higher ranked physicians pay lower co-pays.

continued on page 2

GIC Continues to Lead the Way to Improve Health Care Transparency and Address Physician Quality and Cost Differences

continued from page 1

In collaboration with our six health plans, our consultants, and physician and technical advisory groups, the GIC continues to refine the Clinical Performance Improvement program. In April, the GIC endorsed the Consumer-Purchaser Disclosure Project's "Patient Charter," supported by leading consumer, labor and employer organizations who believe that "public reporting of physician performance is integral to improving the health and health care of Americans." The Patient Charter encourages health plans to use nationally recognized, independent health care quality standard-setting organizations to review physician ranking programs that provide information about physicians' adherence to national standards. These reviews make physician performance information more accessible and easier for consumers to understand. Other endorsers include AARP, the National Partnership for Women & Families, the Leapfrog Group and the Pacific Business Group on Health.

With 150 million claim lines derived from three years of claims data, the GIC's program has one of the largest analytic databases of its kind. Employers throughout the country and others in the health care field are eager to learn more about this program. Consequently, GIC Executive Director Dolores L. Mitchell has been asked to speak about the program at multiple forums nationwide. Other employers' health plans offer initiatives that provide some aspects similar to the GIC's CPI Initiative: Aetna, Cigna and United Health Care plans have tiered physician office visit co-pays. CalPers, the benefits administrator for California's active and retired state and local government employees, has introduced "narrow network" plans, similar to some of the GIC's selective network options such as Community Choice. Blue Cross Blue Shield of Massachusetts also now offers plans with tiered co-pays for network hospitals and physician group practices.

While others are adopting aspects of the GIC's Clinical Performance Improvement Initiative, the GIC continues to lead the way in providing innovation and transparency. Beginning July 1, 2008, the program is evolving to three-tier physician ranking to reflect the variation in physician adherence to nationally-recognized health care quality and cost-efficiency benchmarks (*see related article on page 1*). The CPI Initiative has also expanded the number of physician specialties that are subject to tiered benefits. The program has met resistance from the Massachusetts Medical Society (MMS), which recently filed a lawsuit against the GIC, Executive Director Dolores Mitchell and two of our health plans (Tufts and UniCare) to challenge the Initiative. Ms. Mitchell commented, "From the very beginning, we have kept the MMS informed about our progress and met with them on numerous occasions, as well as inviting them to participate in our Physician Advisory Committee. It is regrettable that the MMS has chosen to be confrontational about the CPI Initiative rather than continuing to work with us to bring quality and efficiency information to patients and providers alike. We would all have benefited had they continued to work with us."

In other related work continuing in Massachusetts, the new Massachusetts Health Care Quality and Cost Council (on which the GIC's Executive Director also serves) will soon be providing online information to allow consumers to compare health care procedures performed at different hospitals and outpatient facilities. The website will help consumers select high quality, lower cost care, and will encourage health care providers to improve quality and contain costs. "There's a tremendous strain on both cost and quality in the health care system, and other vital programs such as education and housing suffer when so many available dollars get eaten up by health care costs," observed Ms. Mitchell. "We will try to continue to lead the way in finding solutions to this dilemma."



Cindi Durkin provided blood pressure readings to health fair attendees compliments of UniCare.



employees and retirees enroll in GIC health benefits at the fair held at the Templeton Development Center.

Brenda Builand (left), Robert Roulteau and Debbie Godin helped Athol-Roylston School District



Natalie Wadzinski, Policy Developer of SERV (State Employees Responding as Volunteers

Program), talked to GIC enrollees about the Governor's Executive Branch Employee Volunteer Program.

PSA Screenings Are Not Always Appropriate

If you're a man age 50 or over, your doctor may talk to you about having a Prostate-Specific Antigen (PSA) screening, which measures the levels of a protein produced by the prostate. Because PSA is present in both benign and cancerous prostate cells, it's not specific only to prostate cancer. Although the likelihood of cancer increases with greater elevations in PSA, abnormal levels of 4 to 10 nanograms per milliliter does not always mean cancer; it could mean inflammation or enlargement of the prostate.

Opinions vary on whether or not men should have a routine PSA test. The American Cancer Society recommends that doctors offer the tests to men age 50 and older who expect to live another 10 years, and test men at high risk if they're age 45 and older. However, the Centers for Disease Control and Prevention (CDC) advises that it is not clear if the benefits of PSA screening outweigh the risks of follow-up treatments and that it's not yet clear whether PSA tests save lives.

Before you get a PSA test, weigh the following:

- ❖ Your health: do you have another condition or do you have a life expectancy of less than 10 years? Because prostate cancer typically grows very slowly, you may not need PSA testing if you fall into one of these categories.
- ❖ Your demographics and lifestyle: what is your age,

race, and family history and do you maintain a healthy diet? Approximately 70 percent of diagnosed prostate cancers are found in men age 65 years or older. African American men and those with a close family member, such as a father or brother with prostate cancer have a higher risk of the disease. Eating a high-fat diet and being obese also increases your risk of prostate cancer. Earlier detected prostate cancer is easier to treat.

- ❖ Prostate cancer isn't necessarily deadly. It's often slow growing and most men diagnosed with prostate cancer die of another cause: 17% of men will be diagnosed with prostate cancer in their lifetime and only 3% will die of it, according to the Mayo Clinic.
- ❖ Widespread screening can result in false positives and unnecessary biopsies. Treatment for prostate cancer can have serious risks and side effects, including urinary incontinence, erectile dysfunction or bowel dysfunction.
- ❖ Your point of view: would you rather know or not know that you have prostate cancer? Having the test can provide reassurance and, if you have prostate cancer, you can have it treated.

Researchers are working on better alternatives to PSA testing, but in the meantime, talk to your doctor about what's right for you. Also check with your health plan to find out whether routine PSA screening is covered by your plan.



Paul Haley (right), of HealthWatch, provided body mass index numbers and information to Teresa Zhan, who was pleased with the results.



Gordon Pilote, LCMT of Massate Therapy Inc., provided messages to health fair enrollees, compliments of Tufts Inc., Health Plan.



Sue Tiffany (left to right), Vice President of Operations, Dennis Casey, President, Bob Sorrenti, Medical Director, and Jimmy Lee, VP and General Manager of UniCare, flank GIC Executive Director, Dolores L. Mitchell at the McCormack Building health fair.



Jenn Cederberg helped Town of Millis employees and retirees enroll in GIC health benefits at the Wrentham Development Center health fair.

Health Fair Survey

Every year during annual enrollment, the GIC holds a number of health fairs across the state to assist enrollees with the annual enrollment process. The primary purpose of the health fairs is to provide additional details for employees and retirees who wish to enroll in or change their benefit options.

Although we know that everyone would like to have a health fair in their backyard, this is not possible. The GIC selects facilities that are handicapped accessible, open to all GIC enrollees regardless of their employer, have free parking nearby, with strong attendance potential (at least 200 people). For the last few years, we have held Saturday health fairs so that family members can attend and this has been a popular option. We've heard that many folks in Berkshire and Middlesex counties would like us to return there next year, and we will make every effort to do so. In addition, we would like to hear from you as to what is most helpful to you at our fairs.

Please pick your top three reasons for attending a health fair and rate them in order from 1-3 (1 being the top reason):

- ☐ Health plan choices
- ☐ Enroll in or change my health plan
- ☐ Questions about what to do when I turn age 65
- ☐ Questions about health premiums effective July 1
- ☐ How to calculate my health premium if I have Medicare and Non-Medicare combination coverage
- ☐ Discussions about benefits not listed in the *GIC Benefit Decision Guide* (such as coverage limits for hospitals or chiropractic care)
- ☐ Lists of participating health plan physicians/hospitals
- ☐ Tiers of participating health plan physicians/hospitals
- ☐ Prescription drug program details (e.g. generics preferred and mail-order)
- ☐ Lists of prescription drug formularies
- ☐ Mental health benefit details
- ☐ Long Term Disability details/enrollment
- ☐ Life Insurance details/enrollment
- ☐ Retiree Dental details/enrollment
- ☐ Manager Dental/Vision Plan details/enrollment
- ☐ Social aspects (e.g. time out of the house or to see co-workers/former co-workers)
- ☐ Other: _____

How important are the following to you in attending a health fair (rate from 1-5 with 1 being the most important)?

- | | |
|---|---|
| <input type="checkbox"/> Free parking | <input type="checkbox"/> Refreshments |
| <input type="checkbox"/> Public transportation access | <input type="checkbox"/> Location near work |
| <input type="checkbox"/> Time of day | <input type="checkbox"/> Location near home |
| <input type="checkbox"/> Health/wellness exhibits | <input type="checkbox"/> Other: _____ |

What times are you most likely to attend a health fair? (check one only)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 10 AM - Noon | <input type="checkbox"/> Saturday morning |
| <input type="checkbox"/> Noon - 2 PM | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 2-4 PM | |

Please indicate your enrollee status (check one):

- | | |
|---|---|
| <input type="checkbox"/> Participating active employee (state/municipality) | <input type="checkbox"/> Participating dependent or survivor (state/municipality) |
| <input type="checkbox"/> Participating retiree (state/municipality) | <input type="checkbox"/> New municipal enrollee |
| <input type="checkbox"/> New active employee (less than one year) | |

Please mail this back to:

GIC Health Fair Survey, P.O. Box 8747, Boston, MA 02114-8747 or complete the survey online on our website:
www.mass.gov/gic

Thank you for your feedback!



Tips for Older Drivers

One of the most difficult decisions in older age is determining when to part with your car keys. Advancing age brings an onset of conditions that affect the ability to safely remain behind the wheel of a car including loss of vision, hearing, strength, flexibility, and alertness. Medications can also impair driving. Although older people are more likely to follow safe driving practices such as wearing a seatbelt (75% of those age 70 and over), not talking on a cell phone while driving, and not drinking and driving (5% of drivers ages 70 and over who are involved in fatal accidents have blood alcohol levels greater than the legal level of impairment versus 29% of drivers ages 21 to 34), they also have more accidents per mile driven than drivers aged 25 to 60.

For most seniors, driving equals independence. When older drivers stop driving, they may experience decreased access to social activities, medical services, shopping and other services critical to independent living according to the National Older Driver Research and Training Center. Finding ways to help you be a better driver while you are able can extend the amount of time you can drive safely. Harvard Medical School's *Harvard Health Letter* provides the following suggestions:

Vision: Choose a car with easy-to-read gauges and add a wide rear-view mirror. Avoid night driving and driving in bad weather or during rush hour if possible. Get regular eye exams. Be sure to wear glasses with the correct prescription and look into getting anti-glare coating on the lenses.

Hearing is critical for cues like mechanical or tire problems, horns and sirens: Have your hearing checked and, if necessary, get hearing aids. Use additional mirrors to add visual assistance to help compensate for loss of hearing.

Loss of strength and flexibility: Exercise to increase your strength and flexibility. Take over the counter anti-inflammatory drugs (NSAIDs) such as ibuprofen to help with minor arthritis pain and stiffness. If possible, drive a car with automatic transmission, power steering and brakes.

Drowsiness: Loss of non-REM sleep, the restful sleep we need, is common with aging. Avoid driving after dark or after a big meal. If you feel drowsy, pull to the side of a road for a quick nap.

Medications: Ask your doctor if any of your medications, including those you buy over the counter, can impair driving. If so, find out if it would help and if your clinician can rearrange your medication schedule.



Harvard Pilgrim Health Care provided complimentary vision screening at the fairs. Tanya Kaleth provided results at the Wrentham Development Center.

Even with these modifications, you might want to consider brushing up on your driving skills. The following resources can help:

- ❖ **AAA** offers a CD-ROM that measures eight physical and mental abilities shown to be the strongest predictors of crash risk for older drivers. These are available for purchase at local AAA offices. AAA also offers an online safety self-rating test called "Drivers 55 Plus: check Your Own Performance" at www.aaafoundation.org/quizzes
- ❖ **AARP** offers a driver safety course online at www.aarp.org/families/driver_safety. The cost is \$15.95 for AARP members and \$19.95 for non-members.
- ❖ **The Association of Driver Rehabilitation Specialists** website at www.driver-ed.org offers a directory of driving rehab specialists across the country who can assess whether you can safely keep driving, and offer suggestion on adaptive equipment to do so.

At some point, most of us will need to give up driving. The National Institute on Aging Information Center (www.nia.nih.gov) suggests that if you answer "yes" to any of the following questions, it may be time to think seriously about whether or not you are a safe driver:

- ❖ Do other drivers honk at me?
- ❖ Have I had some accidents or "fender benders"?
- ❖ Do I get lost, even on roads I know?
- ❖ Do cars or people walking seem to appear out of nowhere?
- ❖ Have family, friends, or my doctor said they are worried about my driving?
- ❖ Am I driving less these days because I am not as sure about my driving as I used to be?

If it's time to give up driving, look into public transportation and local senior center transportation alternatives. You may want to consider moving to an assisted living center, which can provide social activities and transportation. Take advantage of shuttle services, grocery delivery services, medications by mail, and catalog and Internet shopping.

Four New Commissioners Share Their Thoughts on The Commission and The Municipal Partnership Act

The Municipal Partnership Act provided for new seats on the Group Insurance Commission. The new law, passed in July 2007, allows municipalities the option of obtaining health benefits for their employees and retirees through the GIC. In addition to two new public members, the Commission gained a municipal labor representative and a municipal management representative. The four new Commissioners have slightly different thoughts on the new law, but are in agreement about the GIC's vision and expertise in tackling rising health care cost and improving quality.

Mark Kritzman, a new public member on the Commission, expressed his pleasure at the efficient way the Commission meetings are run. "The commissioners, staff, and other participants display a high level of professionalism and commitment," he stated. As President and CEO of Windham Capital Management, LLC, Mr. Kritzman is well versed in the financial marketplace. He also serves as a Senior Partner of State Street Associates, teaches a financial engineering course at MIT's Sloan School, and serves on a number of boards. He expressed hope that most municipalities will take advantage of the opportunity to offer their employees GIC health coverage. "I suspect the GIC is in a much stronger position than individual municipalities to negotiate favorable terms with the health insurance industry; it would be great to see these beneficial terms extended to municipal employees," he added.

New public member J. Mark Enriquez stated that the GIC is on the forefront of addressing the highly complex and politically volatile health care issues facing the public employees of the Commonwealth and the nation at large. As Chairman and Founder of Pulse Trading, an institutional brokerage firm, Mr. Enriquez has emphasized electronic trading and was previously the Director of Electronic Trading with State Street Global Markets. Like Mr. Kritzman, Mr. Enriquez thinks municipalities should strongly consider availing themselves of the GIC's economies of scale. "Potential cost reductions, while expanding the coverage options for beneficiaries, can help mitigate the surging budget constraints facing our cities and towns," he said.

Municipal Commissioner, Richard J. Kelliher, the Town Administrator of Brookline since 1994, finds that the Commission comes as advertised – strong leadership from the Executive Director and committed Commissioners. In his capacity in Brookline, and previous work as the Chief Administrative Officer for the City of Newton and Associate Director at the Massachusetts Municipal Association, he has first hand knowledge of the challenges facing municipalities during today's lean budget times. "The new law is potentially a very significant step in the right direction. It allows municipalities to offer their employees, retirees and families a range of coverages that very few, if any, communities can currently provide. Because the growth in the cost of GIC offerings has been on average lower than that experienced by local

government, it also has the potential for tangible budgetary relief for municipal employers and employees alike." Mr. Kelliher expressed concern with the collective bargaining requirements of the law and stated that this process is unfamiliar to most local governments and their unions. He stated that, given the fiscal pressures on local budgets, everyone involved should be provided with as much encouragement as possible.

As Vice President of the Massachusetts Teachers Association, Paul F. Toner looks forward to more cities and towns taking advantage of the opportunity to join the GIC where it is beneficial to its public employees and their municipalities. The MTA was one of the organizations that helped to develop the municipal GIC option. "I believe that this should continue to be an option that is negotiated and accepted by both the employees and employers and not simply a unilateral decision made by the municipal leaders," he stated. Like the other new Commissioners,

Mr. Toner was impressed by the professionalism of the members of the Commission and staff. "Dolores Mitchell and the other commissioners have the interests of enrolled members at the heart of their decision making and are focused on using what methods are available to provide high quality, efficient and affordable health care for state and municipal employees," he said.

The GIC extends a warm welcome to our newest Commissioners!



Mark Kritzman (left) of Windham Capital Management, LLC, and Richard Kelliher, Town Administrator of Brookline, joined the Commission in April.



Robin Kennedy from the Governor's office swears in new GIC Commissioners Paul Toner and J. Mark Enriquez.

Easing the Transition from Hospital to Home

Even under the best of circumstances, a hospital stay for an illness and/or surgery can be exhausting and stressful. Preparing for the transition from hospital to home is an important step in your treatment plan. Your need for care does not necessarily end when you leave the hospital.

The hospital discharge planner will provide an individualized plan based on your diagnosis, prognosis, age, health history, lifestyle, and level of activity. Discuss the following with the discharge planner:

- ❖ Consider your home environment. Are there stairs? Are the bedroom and bathroom on the same floor? Will you need medical equipment to adapt to home?
- ❖ What restrictions and instructions will apply to bathing / driving / diet / exercise / medication after hospitalization?
- ❖ Will medical treatment be necessary at home? Wound care? Physical therapy? Diabetic follow up? Your doctor and discharge planner will discuss home health care with you and review your insurance coverage.
- ❖ What, if any, prescription drugs will you need?
- ❖ Are there complications or warning signs you should be aware of?
- ❖ Do you have support from a family member or friend at home? Have they been updated on your condition and expectations of recovery?
- ❖ Are follow up appointments necessary?

Keep in mind that recovery is a process and it may take time to rebuild your strength. Approaching your recovery with a positive attitude, while setting realistic goals, are both key to attaining success.

Suggestion: Keep a notebook with you to take notes when speaking with your healthcare providers.

A little advance planning will ensure a smooth transition from hospital to home. Welcome home!

This article is provided in part by Mary Ellen Garofalo, RN, BA, CRRN, SPHR, Bayada Nurses, one of the largest home health care providers in the United States. Founded in 1975, the company has 130 offices in 16 states. The following GIC health plans have contracts with Bayada Nurses: Fallon Community Health Plan, Harvard Pilgrim Health Care and Tufts Health Plan.

GIC BENEFIT ACCESS

Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 www.nhp.org
Navigator by Tufts Health Plan Mental Health/Substance Abuse and EAP (United Behavioral Health)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS Prescription Drugs (Express Scripts) Mental Health/Substance Abuse and EAP (United Behavioral Health)	1-800-442-9300 http://www.unicarestatplan.com/ 1-877-828-9744 www.express-scripts.com 1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees



Life Insurance and AD&D (The Hartford)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (Unum)	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors (United Behavioral Health)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (SHPS)	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (MetLife)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (MetLife)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (Davis Vision)	1-800-650-2466 www.davisvision.com

Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
Social Security Administration (Federal Program)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

Other Questions

Group Insurance Commission TDD/TTY Access (website hospital research password: quality)	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor



\$2,500 College Scholarships Available Apply No Later Than July 25, 2008

Tufts Health Plan, the administrator of the Navigator Plan, is again sponsoring two \$2,500 scholarships for GIC college dependents. If your child is pursuing a college degree and you cover your dependent under any GIC health plan, encourage him or her to apply. Completed applications, including a cover letter, the required essay, a letter of recommendation, copy of the student's most recent college transcript, and a resume (optional) MUST be received no later than 5 PM on July 25, 2008. Scholarship recipients will be notified by August 22, 2008.

Scholarship Eligibility Criteria:

- ❖ Undergraduate student currently enrolled full-time in any accredited two or four-year public or private college or university, and who has completed at least one semester of college as of July 25, 2008.
- ❖ Minimum college Grade Point Average of 3.0.
- ❖ Demonstrated interest in a health care career. Preference will be given to those applicants who plan on a career in the allied health field.
- ❖ Scholarship recipient's parent or legal guardian must be eligible and enrolled in health insurance through the GIC at the time of the award. Note that you may be enrolled in any of the GIC's health plan options.

Download the scholarship application from the GIC's website: www.mass.gov/gic. Or, to receive an application by mail, send a self-addressed stamped envelope to the Scholarship Committee, GIC, P.O. Box 8747, Boston, MA 02114-8747.



inside...

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